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# Attrition in the Mandated Treatment of Men Who Batter: A Look at Demographic Influence

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## MASTERS IN SOCIAL WORK THESIS

Jill A. Yoerger

**Attrition in the Mandated Treatment of Men Who Batter:  
A Look at Demographic Influence**

1996



Attrition In The Mandated Treatment

Of Men Who Batter: A Look

At Demographic Influence

MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA


CERTIFICATE OF APPROVAL

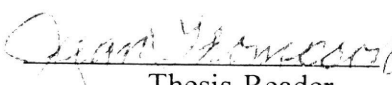
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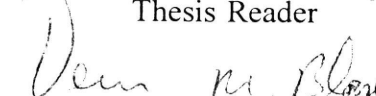
Jill A. Yoerger

has been approved by the Examining Committee for the thesis requirements for the Master  
of Social Work Degree.

Date of Oral Presentation: May 10, 1996.

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### Dedication

This Master's Thesis is dedicated to my younger brother Nick. Without his presence as my guardian angel I would not have had the courage to complete this work. Along with his whispers of encouragement he occasionally held my hand and reminded me of the secret of his unforgettable smile - take time to play. With his help I was able to obtain my goal. He is dearly missed.

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Any major accomplishment an individual achieves in life is usually the result of a network of people providing guidance, support and encouragement. I am truly lucky to have the network of faculty, family and friends that have made this thesis possible.

I first want to thank my committee members who provided their guidance and expertise. In particular I want to thank Sharon Patten for her part in meeting my deadlines when time appeared to be stretched to the limit. I also want to thank Mike Schock for the time he made for my endless phone calls while I was searching for direction. Zana Gunderson, from East Side Neighborhood Services, Inc., also deserves recognition for her support and time that she took out of her busy schedule to find a book, help gather data, or let me know she was in my corner cheering for me. Without her help this project would not have been possible.

My family has provided the foundation that allowed me to persevere over the last year. To my parents, Joe and Mary Yoerger, who instilled in me the belief I could do anything I put my mind to. I thank them for their support through this thesis process that at times was as difficult to understand for me as it was for them. Their loving response to my emotional ups and downs will endure.

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Lastly, to my partner Eric who willingly moved with me to a new state for the chance to obtain my goal. He has given me a new meaning to the term 'unconditional

love'. Eric has been a constant in my life over the last year. He has held me when I cried, pushed me when I had no energy left, supported me when I was unbalanced and carried me when I needed a break. I look forward to the time when I can return some of the nurturance so he too can pursue his dreams.

## Abstract Of Thesis

# **ATTRITION IN THE MANDATED TREATMENT OF MEN WHO BATTER: A LOOK AT DEMOGRAPHIC INFLUENCE**

Jill A. Yoerger

May 10, 1996

Descriptive variables associated with men completing domestic abuse treatment programs were found to be influencing factors in earlier attrition research. One hundred clients who attended a Minneapolis-based domestic abuse treatment program were selected for inclusion in this study. Six demographic variables were thought to be predictive of treatment completion or drop out.

The literature review suggested that factors positively related to attrition included being under less strain. With this in mind, the revised Strain Theory (Agnew, 1992) was used as the theoretical framework for this study. Strain Theory focuses on negative relationships with others, negative affective states and pressure toward delinquency when the negative relationship engenders the negative affect.

Marital status was the only variable that provided statistical significance. Age, previous attendance in a domestic abuse treatment program, race, employment status and target of violence were not determined to be statistically significant.

The purpose of this study was to suggest possible risk markers for domestic abuse treatment programs for men as they first enter treatment, to better address the attrition problem.

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## Chapter One

### Introduction

The US Surgeon General indicated during 1989 that a woman is beaten every 15 seconds in the USA, which is over two million wives/partners each year. Conjugal murders account for between 15-25% of all homicides committed in the United States (Edleson & Grusznski, 1985). It has been estimated that 22-35% of women who present to emergency rooms do so for reasons related to physical abuse (Dutton, 1988). Epidemiological data suggests that 20-25% of families experience one or more instances of domestic violence (Sedlak, 1988; Stark & Flitcraft, 1988; Staus & Gelles, 1986). Nationally, women are victims of family violence at a rate of six crimes per 1,000 women compared to two crimes per 1,000 men. A recent study reported premarital prevalence rates of physical violence among 625 newly wed couples of 36% (McLaughlin, Leonard & Senchak, 1992).

Between the years 1975 and 1980, 44 states passed new legislation on domestic violence. Eleven states enacted legislation making domestic violence a separate criminal offense, and 28 states have passed laws that require agencies to maintain records or to file reports to another state agency on domestic violence (Lerman & Livingston, 1983; Bowen, Straus, Sedlak, Hotaling, & Sugarman, 1984).

As part of the public response to this problem, some

195 treatment programs were developed for men who batter by the mid 1980's (Pirog-Good & Stets-Kealey, 1985). The success of these programs has been characterized by mixed results. A survey of 90 programs indicated that one third to one half of men who initially began domestic abuse treatment did not complete the program (Deschner, 1984). Gondolf and Foster (1991) studied one program and reported an attrition rate of 93% when men were followed from point of inquiry through twelve sessions. Research on attrition in domestic abuse treatment has focused on an array of client and program characteristics in an effort to identify key variables predicting attrition.

### **Purpose**

The major purpose of the study was to compare completers and non-completers of domestic abuse treatment on demographic variables as strong predictors of attrition.

### **Research Questions**

The following research questions were used to guide this study in the search for risk markers to identify men at high risk of dropping out of treatment.

- 1) Are certain demographic variables associated with completion or non-completion by males in a mandated domestic violence program?

- 2) Do the research variables found to differentiate

between completers and dropouts of domestic abuse treatment in past studies, have the same impact on attrition in this study?

## Chapter Two

### Literature Review

Chapter two begins with a discussion of the significance of the attrition problem in domestic abuse treatment. Previous studies are reviewed, identifying the key variables, both program and client characteristics, that are said to influence attrition. The operationalization of past research variables is explained and limitations of the current attrition research are outlined. The relevant theoretical framework is examined and the rationale for selecting the Strain Theory is explained.

#### Significance of the Attrition Problem

##### In Domestic Abuse Treatment

Violence against women both inside and outside of marriage continues to be a major social problem in the United States (Makepeace, 1981; Straus & Gelles, 1986). The last decade has witnessed a proliferation of programs designed to treat those who physically abuse their spouses or partners. Social workers have helped pioneer the development of these programs in traditional social service agencies and in alternative agencies, such as battered women's shelters and men's collectives (Roberts, 1984). Research suggests that these programs may be effective in reducing the likelihood of further violence, particularly

for men who attend all of the sessions. Edleson and Grusznski (1985) found that program completers were more often nonviolent at follow-up, compared to non-completers. In a national survey of programs for domestic violence, (Pirog-Good & Stets, 1986) of the average 60 men who successfully completed the program, 42 to 53 will not return to battering in the year following program completion. Thus, 70 to 88 percent of those who complete treatment refrain from further incidents of violence for at least one year. However, those men are merely 42 to 53 percent of program entrants.

The success of programs to help batterers is jeopardized by high rates of client attrition. The attrition problem has been linked to future abuse, reduced future funding and may have a negative impact on group leaders. Roberts (1982) found attrition to be the problem most frequently identified by program directors responding to an early national survey. Pirog-Good and Stets (1986) reported fifty-seven of the seventy-two program administrators responding to a national survey considered attrition a problem.

As many as three-fourths of the clients drop out of treatment between intake and the completion of structured therapy groups (Grusznski & Carillo, 1988), although the average drop out rate once treatment begins is much lower (Pirog-Good & Stets, 1986).

The majority of studies focus on attrition occurring after completing intake, but Gondolf and Foster (1991) examined attrition rates at a batterer program from point of initial telephone contact by the potential client. They reported that attrition from inquiry to intake was 73%, from inquiry to counseling attendance was 86%, and from inquiry to 12 counseling sessions was 93%. Only 1% actually completed the contracted 8 months of counseling sessions.

Studies in other areas of counseling have found high dropout rates to be typical. Baekeland and Lundwall (1975) found that between 20 and 57 percent of patients at general psychiatric clinics fail to return after the first visit, while between 31 and 56 percent attend no more than four times. Steer's (1983) study of admissions for outpatient drug free counseling at a community mental health center revealed that only 18.2 percent of patients completed treatment. Similarly, Leigh, Ogborne, and Cleland (1984) found that 72 percent of patients at an outpatient alcoholism treatment program failed to complete treatment successfully.

#### Costs of attrition

Research suggests there are three major costs of the attrition problem.

#### Risk Of Future Abuse

Edleson and Grusznski (1985), reported that 67% of

their population who completed a domestic assault program were nonviolent at the time of follow-up, compared to 54% who did not complete the program. In addition, 7% of the completers, compared to 36% of the non-completers, were reported as having committed severe violent acts against their partners since their last treatment session.

Shupe, Stacey & Hazelwood (1987) reported in their study of 148 men that 80% of men were not violent at follow-up, compared to 55% of the men who had dropped out.

Gondolf (1988), in a study of 6,612 women, reported that the batterer being in counseling was the most influential predictor in determining which women would return to their batterers. Women often return to batterers when their partners enter a treatment program, and usually are unaware of the high probability that their partners will drop out. This in turn places the women at a higher risk of future abuse.

#### Reduction in Future Funding

The instability of men's programs was evident in Pirog-Good and Stets-Kealey's 1985 survey when they reported that 98 of the initial 293 programs identified for the survey either no longer existed, or had never offered services for batterers. Pirog-Good and Stets-Kealey (1985) also reported in a different study that 61% of programs supported by client fees and 73% of the unfunded programs, those run primarily by volunteers, identified their programs had



financial difficulties. High drop out rates may lead to reduced funding in the future. Roberts (1982) reported that 21 out of 44 programs had inadequate program resources.

Funding problems also indirectly impact the quality of the programs. Pirog-Good and Stet-Kealey (1985) reported that unfunded programs were less likely to focus on self-esteem or to teach relationships between traditional family roles and abuse, considered necessary components for long term change. These programs also reported a limited ability to assess overall the effectiveness of their own programs, and lacked the rigorous accounting of client characteristics and outcome necessary for improving the services provided.

#### Negative Effect on Group Leaders and Members

Program attrition may negatively impact group leaders who implement domestic abuse programs. High attrition affects the morale of group leaders, both experienced and beginners. Thus, attrition and its negative effect on group leaders pose a serious issue that needs to be addressed by researchers.

When treating the perpetrator in group therapy, a high attrition rate may affect group cohesion. With curriculum that may focus on values, families of origin, and core beliefs, a changing group may not provide a safe environment for the client to reveal such personal information. Apprehensiveness in following the program may in turn lead to the lack of participation and internalization of the

educational material (Pirog-Good & Stets-Kealey, 1985).

### Factors Influencing Attrition in Domestic Abuse Treatment

The reasons for premature termination are many and varied. In a review of the literature, Bernard (1989) found four general factors related to attrition:

- "1. Patient-specific
  - a. Deviancy - Taking a deviant position and then coming to feel so uncomfortable with it that one feels the need to flee (Yalom, 1985);
  - b. Conflict in intimacy and disclosure - Finding it impossible to talk meaningfully about oneself (Baekeland & Lundwall, 1975);
  - c. Fear of contagion - Feeling unwilling to be associated with or influenced by the pathology one perceives in one or more other members in the group (Bednar & Kaul, 1978);
  - d. Characterological defenses which make group membership intolerable (Grotjahn, 1972);
  - e. Inability to share leader;
  - f. Complications of concurrent treatment;
  - g. External stress.
2. Therapist conduct
  - a. Inappropriate assignment of a patient to a group (Klein, 1983);
  - b. Inadequate preparation of patients (Klein, 1983);
  - c. Lack of responsivity to individual patient(s) or the group as a whole.
3. Patient - therapist interaction
  - a. Therapist not liking patient; patient not liking and/or not believing in competence of therapist (Weiner, 1983);
  - b. Therapist working "aggressively" and patient feeling the need to flee (Sethna and Harrington, 1971);
  - c. Laissez-faire therapist who never works to engage an inactive group member.
4. Group culture
  - a. Subgrouping - finding a subgroup which seems impenetrable and feeling the need to flee;
  - b. Early provocateur - finding another group member frightening/threatening in some way;

- c. Conflict/impasses which are persistent and do not get resolved, which leads to discouragement in one or more members or the group as a whole." (p. 523)

Recent studies have looked more closely at the attrition problem, attempting to identify the variables which contribute to either treatment compliance or drop out. A number of writers have suggested that scientific progress in understanding the domestic assault of women would be aided by basic research on classifying batterers (Holtzworth-Munroe & Stuart, 1994).

There have been a number of attempts at creating typologies of men who batter their wives (Ceasar, 1988; Elbow, 1977; Gondolf, 1988 Hamberger & Hastings, 1986; Saunders, 1987; Shields & Hanneke, 1983; Snyder & Fruchtman, 1981). Research on characteristics of men who have battered their partners has been unable to reveal a unitary "batterer profile" in terms of personality, psychopathology, or demographics (Hamberger and Hastings, 1991). Nonetheless, certain commonalities have emerged from these descriptions.

Partner batterers are often found to have poor communication skills, report higher levels of hostility, and have less control over expression of anger (Dutton, 1988; Sonkin, 1988). Personality assessment of batterers generally indicates greater degrees of deviance, showing antisocial, narcissistic, asocial, and passive-aggressive characteristics (Hastings & Hamberger, 1988). Use of alcohol and other psychoactive substances also appears to

play a substantial role in battering (Sonkin, 1988; Roberts, 1988; Gondolf & Foster, 1991; and Kantor & Straus, 1989).

Across a broad range of problem areas, socio-demographic variables have consistently emerged as predictors of dropping out of therapy. Dropouts have been shown to be younger, lower in socioeconomic status, lower in education and more often white than black, compared to those who complete therapy (Baekeland & Lundwall, 1983; Hahn & King, 1982; Heinemann, Moore, & Gurel, 1976; Leigh, Lueger, & Cadman, 1982; DeMaris, 1989; Saunders & Parker, 1989; Tolman & Bennett, 1990; Edleson & Syers, 1991; Owen & Kohut, 1981; Steer, Sultan & Johnson, 1985; Vandereycken & Pierloot, 1983; Carillo, 1985). Furthermore, social stability, particularly in the occupational, marital, and residential spheres, has been shown to be an important correlate of remaining in treatment (Hahn and King, 1982; Carillo, 1985).

Carillo (1985) discovered that dropouts were more often never married and involved for many years with their victims. Literature also suggests treatment dropouts to be more likely to be unemployed than those remaining in treatment (Hahn & King, 1982; Carillo, 1985; DeMaris, 1989; Peterson, 1980; Straus & Gelles, 1986 & UCR, 1982).

In 1984 the United States attorney general's Task Force on Family Violence wrote that "the most successful treatment occurs when mandated by the criminal justice system" (p.49).

Despite the applicability of criminal assault and battery statutes to many incidents of spouse abuse, this has traditionally been an inactive area of criminal prosecution (Dutton, 1987; Lerman, 1986). However, with greater availability of treatment programs for spouse abusers in recent years, the legal system has dramatically increased its reliance on treatment alternatives. Court ordered treatment has been recommended in place of traditional remedies, such as probation, fines or incarceration (Fagan, 1988; Finn, 1985).

A common assumption among policy makers and practitioners is that legal sanction will increase treatment compliance (Ganley, 1987; Hart, 1988). Empirical research has failed to reveal any relationship between legal-system involvement and treatment program completion. Comparable dropout rates for both voluntary and court-mandated treatment subjects have been consistently reported (Edleson & Grusznski, 1985; Lund, Larsen, & Schultz, 1982; Kelso & Personette, 1985; Saunders & Azar, 1989; Saunders & Parker, 1989). Court ordered men withdraw from treatment as often as do voluntary subjects, indicating that legal-system involvement may not be sufficient to motivate men who would otherwise be unmotivated to change their behavior.

### Limitations In The Attrition Research

The attrition research lacks a major theoretical framework, or a combination of coordinated theories, to guide the selection of variables. Most variables appear to be selected haphazardly, using some variables from previous studies, and adding new ones, with little theoretical rationale. This makes it difficult to identify key variables and build an empirical base built on a systematic replication of studies. Gondolf (1988) acknowledged the problem on a non-theoretical approach, and suggested that more work needs to be done to establish a theoretical base in research on abusive men.

This lack of a theoretical approach to the problem of attrition appears to mirror the same issue presented in the broader research field in domestic abuse. Edleson, Eisikovits and Guttman (1985) reported that most of the research on men who batter is atheoretical, measuring isolated variables, and ignoring the context of the battering process. They suggest that research questions and hypotheses be based on theories from outside the field, such as family stress, social learning, or ecosystems theory.

Another limitation of the attrition research is the absence of studies examining the decision-making process involved with attrition, particularly during the intake portion of treatment. Earlier research on domestic abuse focused primarily on whether physical abuse had ended or

not. This focus was at least partly guided by the need to substantiate 'effectiveness' of services to funding sources, referral sources, and the public-at-large. However, reports of reduced physical abuse by treatment completers provide no information about those men who drop out. In fact, without an analysis of treatment drop outs, the reported numbers of those men who stop or reduce their level of violence is misleading. Clearly, more research needs to focus on the process that occurs as clients enter a treatment program.

DeMaris (1989) recommends study of the factors such as the sanction of the court, or one's partner, could have an impact on attrition. He suggested exploring the men's perceptions of the consequences of dropping out, enforced either by the court or by their partners.

The lack of exploration of the involuntary process in domestic abuse treatment is also absent in previous research. The involuntary nature of court ordered treatment is frequently seen in the domestic abuse treatment field. Roberts (1982), in his national survey reported that 66% of programs surveyed received 40-95% of referrals from a court system.

#### Summary of Literature Review

Attrition is a key problem in domestic abuse treatment. One study reported 93% of the men dropped out of treatment from inquiry to the end of the twelve week program (Gondolf

& Foster, 1991). Attrition in domestic abuse treatment not only prevents programs from having an impact on changing abusive behavior, but also puts women at risk of future abuse. Men who drop out of domestic abuse programs were less likely to be non-violent with their partners at time of follow up compared to those men that completed treatment (Edleson & Grusznski, 1988; Shupe, Stacey, & Hazelwood, 1987).

The majority of studies focus on client characteristics, with nineteen variables found to have some influence on attrition. However, no one variable was found to consistently predict attrition across all studies. Personality assessments of batterers generally indicate greater degrees of deviance, showing antisocial, narcissistic, asocial, and passive-aggressive characteristics (Hastings & Hamberger, 1988). Use of alcohol and other psychoactive substances also appears to play a substantial role in battering (Sonkin, 1988; Roberts, 1988; Gondolf & Foster, 1991; and Kantor & Straus, 1989). Socio-demographic variables include: younger, lower in socioeconomic status, lower in education and more often white than black (Baekeland & Lundwall, 1983; Hahn & King, 1982; Heinemann, Moore, & Gurel, 1976; Leigh, Lueger, & Cadman, 1982; DeMaris, 1989; Saunders & Parker, 1989; Tolman & Bennett, 1990; Edleson & Syers, 1991; Owen & Kohutek, 1981; Steer, Sultan & Johnson, 1985; Vandereycken &



Pierloot, 1983; Carillo, 1985) social stability, particularly in the occupational, marital, and residential spheres (Hahn and King, 1982; Carillo, 1985)

Research on the involuntary nature of how many men enter domestic abuse treatment is lacking. This is in spite of the fact that one third of programs, in one survey, report receiving 40-95% of their referrals from court systems (Roberts, 1982).

### Theoretical Framework

The following paragraphs will review past research which has operationalized Strain Theory, discuss the empirical evidence, and how it might be applied to a domestic abuse treatment setting.

Traits and dimensions of those at risk to drop out of treatment have been investigated. Factors positively related to attrition include being under less stress (Lund, Larsen, & Schultz, 1982). Social work literature defines stress as an influence that interferes with the normal functioning of an organism and produces some internal strain or tension (Social Work Almanac, 1995). Associated negative feelings may include anxiety, guilt, anger, fear, depression, helplessness, or despair and are usually accompanied by lowered levels of relatedness, sense of competence, self-esteem, and self-direction.

Barnett, Pittman, Ragan, and Salus (1980) suggest that

conflicts between family members are the "inevitable result of the stresses of everyday living, the additional stress which occurs in periods of crises, differences in the personalities and attitudes of family members, and extended time spent in common space" (p. 3). Prolonged stress, together with ineffective coping and personal vulnerability, can lead to physiological, emotional, or social dysfunction.

The concept that a social system is never in a state of perfect equilibrium but always has inconsistencies among its component parts produces stresses and strains. Strain is defined as being subjected to excessive pressure, demand or stress on one's body, mind, or resources (Social Work Almanac, 1995). These internal strains may hinder the achievement of goals or in extreme cases threaten the survival of the system. In accordance with the severity of domestic violence, Strain Theorists appear to look beyond the daily pressures of existing (stress) to the challenges of survival (strain).

Most empirical studies of Strain Theory continue to rely on the strain models developed by Merton (1938), A. Cohen (1955), and Cloward and Ohlin (1960). The theory's context is at the social-psychological level: It focuses on the individual and his or her immediate social environment. In a series of articles, Agnew has presented a revised version of Strain Theory that includes the original strain formulation (Merton, 1938; Agnew, 1985, 1989, 1992; Agnew &

White 1992). Rather than one source of strain, Agnew suggested three.

First, Strain Theory focuses on negative relationships with others: relationships in which the individual is not treated as he or she wants to be treated. Second, Strain Theory argues that a person is pressured into delinquency by the negative affective states "most notably anger and related emotions" (Agnew, 1992, p.49). Lastly, Strain Theory is distinguished by its focus on negative relationships with others and its insistence that such relationships lead to delinquency through the negative affect - especially anger - they sometimes engender.

A critical intervening variable in the Strain Theory is the psychological state of negative affect, which includes disappointment, frustration, and most importantly, anger (Agnew, 1992).

Negative relationships with others are relationships in which others are not treating the individual as he or she would like to be treated. Agnew (1992) described three major types of strain, each referring to a different type of negative relationship with others. Other individuals may "(1) prevent one from achieving positively valued goals, (2) remove or threaten to remove positively valued stimuli that one possesses, or (3) present or threaten to present one with noxious or negatively valued stimuli" (p. 50).

The classic Strain Theories of Merton, A. Cohen, and

Cloward and Ohlin argue that the cultural system encourages everyone to pursue the ideal goals of monetary success and/or middle class status. Lower class individuals, however, are often prevented from achieving such goals through legitimate channels. Such expectations derive from the individual's past experience and/or from comparisons with referential others who are similar to the individual. The justice literature argues that failure to achieve such expectations may lead to such emotion as anger, resentment, rage, dissatisfaction, disappointment, and unhappiness - all the emotions customarily associated with strain in criminology (Mickelson, 1990). The actual or anticipated loss of positively valued stimuli may lead to delinquency as the individual tries to prevent the loss of the positive stimuli, retrieve the lost stimuli or obtain substitute stimuli, seek revenge against those responsible for the loss, or manage the negative affect caused by the loss by taking illicit drugs (Agnew, 1992). While there are no data bearing directly on this type of strain, experimental data indicate that aggression often occurs when positive reinforcement previously administered to an individual is withheld or reduced (Bandura, 1973; Van Houten, 1983).

Much data, however, suggests that the presentation of noxious stimuli may lead to aggression and other negative outcomes in certain conditions, even when legal escape from such stimuli is possible (Bandura, 1973; Zillman, 1979).

Noxious stimuli may lead to delinquency as the person tries to (1) escape from or avoid the negative stimuli; (2) terminate or alleviate the negative stimuli; (3) seek revenge against the source of the negative stimuli or related targets (Bernard, 1990; Van Houten, 1983; Zillman, 1979).

A wide range of noxious stimuli that have been examined in the literature, and experimental, survey, and participant observation studies have linked such stimuli to both general and specific measures of delinquency with the experimental studies focusing on aggression. Delinquency/aggression, in particular, has been linked to such noxious stimuli as child abuse and neglect (Rivera & Widom, 1990), criminal victimization (Lauritsen, 1991), physical punishment (Straus, 1991), verbal threats and insults, physical pain and personal space violations (Anderson & Anderson, 1984; Bandura, 1973, 1983; Berkowitz, 1982, 1986; Mueller, 1983).

Each type of strain increases the likelihood that individuals will experience one or more of a range of negative emotions. Those emotions include disappointment, depression, and fear. Anger, however, is the most critical emotional reaction for the purposes of the General Strain Theory. Anger results when individuals blame their adversity on others, and anger is a key emotion because it increases the individual's level of felt injury, creates a desire for retaliation/revenge, energizes the individual for

action, and lowers inhibitions, in part because individuals believe that others will feel their aggression is justified (Averill, 1982; Kemper, 1978; Kluegel and Smith, 1986; Zillman, 1979).

The experience of negative affect, especially anger, typically creates a desire to take corrective steps, with delinquency being one possible response. Delinquency may be a method for alleviating strain, that is, for achieving positively valued goals, for protecting or retrieving positive stimuli, or for terminating or escaping from negative stimuli.

Persons who may be subject to such strain are predisposed to delinquency because (1) nondelinquent strategies for coping with strain are likely to be taxed; (2) the threshold for adversity may be lowered by chronic strains (Averill, 1982); (3) repeated or chronic strain may lead to a hostile attitude - a general dislike and suspicion of others and an associated tendency to respond in an aggressive manner (Edmunds & Kendrick, 1980); and (4) chronic strains increase the likelihood that individuals will be high in negative affect/arousal at any given time (Bandura 1983; Bernard, 1990).

Pirog-Good and Stets (1986) suspected that strain would reduce the likelihood of program completion and increase violence. If a client perceives themselves as unable to complete treatment, strain may increase, thus creating a

self fulfilling prophecy. As Strain Theory suggests, being prevented from obtaining ones goals may increase negative affect (anger) and eventually, violence may increase. Criminologists have theorized that deviant behavior results from frustration at the inability to achieve commonly extolled success goals (Cloward & Ohlin, 1960)

### Strain and race

Based upon the results of existing studies, it is hypothesized that those members of minority status will be less likely to complete their program.

Due to discrimination, minorities are often disadvantaged in competing for those commonly extolled success goals. This is reflected in an over representation of minorities in unemployment lines, welfare programs, and low paying, menial and unstable jobs (Harrison, 1972).

Racial composition of a program, being predominantly white, may pose difficulties in fostering "belonging" among the minority participants (Hamberger & Hastings, 1989).

### Strain and employment

Considering the average education of program entrants, there is evidence that individuals with higher levels of education are more likely to be employed and to earn higher wages. Thus, on average, more highly educated individuals may be subjected to less strain. More highly educated

individuals may have more stable employment and, consequently, remain in proximity to the treatment program for greater periods of time. It has been hypothesized that programs treating a large number of unemployed individuals would have lower completion rates. It is suspected that the unemployed may be more likely to move to obtain or improve employment opportunities. Pirog-Good and Stets (1986) found in a national survey that unemployed clients had a 3.5 to 4.5 percent lower probability of finishing the program compared to those who were employed.

Comparisons of differing socioeconomic and educational levels between partners have found that when a man does not meet his socially ascribed status of being dominant in a relationship he is more likely to use force (Hornung, McCullough, and Sugimoto, 1981).

Unemployment or part-time employment probably contributes to increased financial strain and frustration. Some men may drop out of treatment for reasons that are similar to why they quit or are terminated from jobs, or remain unemployed (e.g., lack of commitment, boredom, low self-esteem, drinking or drug use, and the like).

#### Strain and marital status

There is some evidence that unmarried, cohabiting couples tend to be more violent than those legally wed (Yllo & Straus, 1981). It is suspected that married batterers



might have a greater motivation to complete the program they are enrolled in. It has been observed that abusers who are committed to the relationships with their victim/partner do express a willingness to change when faced with the alternative of losing their family (Hamberger & Hastings, 1986). A major life disruption such as the loss of family or a divorce may be a source of additional strain.

#### Strain and age

Official data suggests that criminal violence is disproportionately higher for persons under 30 years of age (UCR, 1982). Although people ages 14 to 24 years are only 15.6 percent of the population, they constitute a disproportionately large share of all those arrested - 44.6 percent in 1992 (Social Work Almanac, 1995).

Delinquency may be a method for alleviating strain in this age group. Without the use of criminal acts, one may feel their chance for achieving positively valued goals, for protecting or retrieving positive stimuli, or for terminating or escaping from negative stimuli are limited.

## Chapter Three

### Methodology

This chapter presents information on how the study was planned and carried out. First, a description of the research setting will be presented. Sampling procedures, data collection methods, and the sample are described followed by a description of measures. Research questions and hypotheses are then articulated. Finally, the data analysis is described including data preparation, the statistical tests used and their assumptions.

#### Purpose

This study was designed to determine the extent to which the variables of past research differentiate between completers and drop outs of domestic abuse treatment. Variables were measured for men in this treatment program so that they could be compared to the same variables measured in previous studies that differentiated between completers and dropouts of domestic abuse treatment. In this way the data could potentially build support for those variables that differentiate between completers and dropouts, across studies, identifying potential risk markers. These risk markers could then be used by programs to identify men at high risk of dropping out who first enter a domestic abuse program.

### Concepts and Variables

Variables in this study, some chosen from past research, include: age, race, identified target of violence, previous attendance in a domestic abuse program, employment status, and marital status. Employment status will only be measured on a employed/unemployed basis. Marital status will be defined by the categories: married, single, divorced, separated, or widowed. All variables are self reported on a demographic form gathered from an intake sheet the client completed on his first visit to East Side Neighborhood Services, Inc.

### Setting and Program Description

East Side Neighborhood Service, Inc. is a community based private non-profit social service agency in Minneapolis, Minnesota. East Side Neighborhood Services, Inc. serves Northeast and Southeast Minneapolis operating from 8 staff sites. Other programming is done in area schools, churches, parks, and other community buildings. The agency provides social services and educational services ranging from child care, adult day care, nursery programs, an alternative high school, camping program, employment services for low income people, parenting programs, a wide variety of programs for youth and their families and programs which serve the older adult.

The Family Violence program at East Side Neighborhood Services was designed to reduce battering, to empower families and individuals to make good decisions, to educate people to the issues of power and control and abusive behaviors, to reduce stress and isolation and assist in stabilizing family and client systems by providing: direct service to families experiencing violence/crisis/abuse, perpetrator and victim groups, case management, short term crisis counseling for individuals and families, collaboration with criminal justice system, program development and training, networking with professionals, outreach, and information and referral.

The domestic abuse treatment program for men has an open format with education and intervention groups meeting every week. Participants of the program are expected to attend one educational session each week. To complete the program, clients must complete a minimum of 16 sessions and assigned homework. More than three absences or two consecutive absences in the 16 week group will result in termination. Clients are expected to make up the missed session(s). The intake process consists of completion of an information sheet over the telephone and a three hour group orientation session. The orientation sessions are available one evening per month. Staff who run the orientation sessions also run the educational sessions. Participants pay the fee of \$13.00 per session. There are two payment

plans and scholarships available (up to 100% of fees).

### Sample

Data for this study were drawn from a sample of all men having attended the 16 week mandated domestic abuse program through East Side Neighborhood Services, Inc. in 1995. This study was designed to include men aged 18 years and older, and all ethnic backgrounds, educational levels, and socioeconomic statuses. A total of 100 men were selected for inclusion in this study. This will allow for a sampling of 50 men who completed the program and 50 men who did not complete the program.

### Sampling and Data Collection Procedures

Demographic forms for fifty clients who completed the program and fifty clients who did not complete the sixteen week educational program were selected by a systematic sample with a random start by the Director of the Family Violence Program. A list of elements was achieved by separation of files into categories of completers and non-completers. In each category the first element was selected at random and then every (k)th file until 50 cases were selected. The sampling interval was contingent upon the number of elements. In order to ensure anonymity, the demographic forms were photo copied without the client's name, address, or phone number. Approval for the use of the

records for this study was obtained through Zana Gunderson, Director of the Family Violence program, East Side Neighborhood Services, Inc. (Appendix A)

### Instruments

The data collected for this study were taken from the demographic form designed by East Side Neighborhood Services, Inc. (Appendix B) Of the thirty-five questions on the form, six answers were selected as variables for this study. The information from these variables were taken from the copied demographic form and entered directly into a computer program for statistical analysis.

### Data Analysis

The Chi Square statistic was chosen to address the research question regarding which categorical descriptive variables measured in this study significantly differentiated between completers and dropouts of domestic abuse treatment programs (Weinbach & Grinnell, 1995). The categorical variables included employment status, target of abuse, previous attendance of a domestic abuse program, and race.

The Chi Square statistic provides a measure of the discrepancy between the actual frequencies of each categorical variable for both completers and dropouts and the expected frequencies if the variable in question and the

designated group (completers or dropout) were completely independent of one another (Weinbach & Grinnell, 1995). A large discrepancy (large Chi Square statistic) between expected and actual frequencies suggests that men's responses on the given variable was significantly different between completers and dropouts.

### Operationalization of Terms

Risk marker A risk marker refers to an attribute or characteristic that is associated with an increased probability to drop out of treatment before completion (Hotelling & Sugarman, 1986).

Violence-Abuse-Battering These terms are used interchangeably. The Wilder Foundation (1993) gives the most encompassing definition using the term violence. Violence is actions and words that hurt people. It is any action that is an abuse of power with intent to control by causing pain, fear, or hurt. The types of violence include; physical, sexual, verbal, violence in music, family, gang, hate crimes, and playground violence. Physical violence is hurting a person's body or the things a person cares about. Sexual violence is forced or conspired sexual touching. Any sexual contact between an adult and child is sexual violence. Verbal violence is using words to humiliate or

intimidate a person.

Involuntary/mandated client Clients who do not seek help from a social worker and who receive treatment due to pressure by legal authorities or fear of consequences for failure to participate (Rooney, 1988).

Court ordered/referred program Men who are ordered by either the civil or criminal court to attend counseling find themselves involved in a treatment regimen that is highly structured and didactic in nature. Employing films, handouts, and other visual aids, counselors lecture the group on such topics as the cycle of violence, the physiological cues that signal impending violence, the difference between fighting dirty and fighting fair, role stereotyping and unrealistic expectations of men and women, and jealousy (DeMaris, 1989).

Classification of drop out More than three absences or two consecutive absences in the 16 week group will result in termination.

Stress Stress is an influence that interferes with the normal functioning of an organism and produces some internal strain or tension. Associated negative feelings may include anxiety, guilt, anger, fear, depression, helplessness, or



despair and are usually accompanied by lowered levels of relatedness, sense of competence, self-esteem, and self-direction. Based on the Strain Theory, this study suggests that clients attending the domestic abuse treatment program have been influenced by stress.

Strain Strain is defined as being subjected to excessive pressure, demand or stress on one's body, mind, or resources. Based on the Strain Theory, this study suggests that clients attending the domestic abuse treatment program have been influenced by strain.

## Chapter Four

### Findings

The major purpose of the study was to compare completers and non-completers of domestic abuse treatment on demographic variables as strong predictors of attrition. This chapter will report the findings of the study and results from the Chi square statistical analysis will be interpreted.

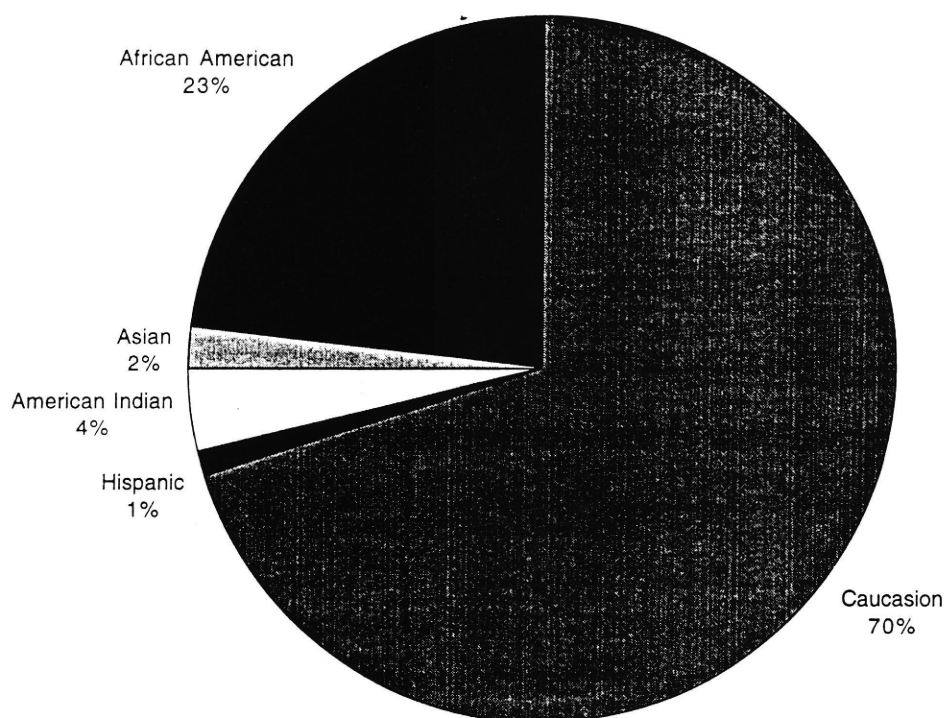
The research questions are as follows; 1) Are certain demographic variables associated with completion or non-completion by males in a mandated domestic violence program? 2) Do the research variables found to differentiate between completers and dropouts of domestic abuse treatment in past studies, have the same impact on attrition in this study?

Chi Square tests were used to determine whether any pattern within the data was so strong and consistent that chance was an inadequate explanation of it.

#### Study sample

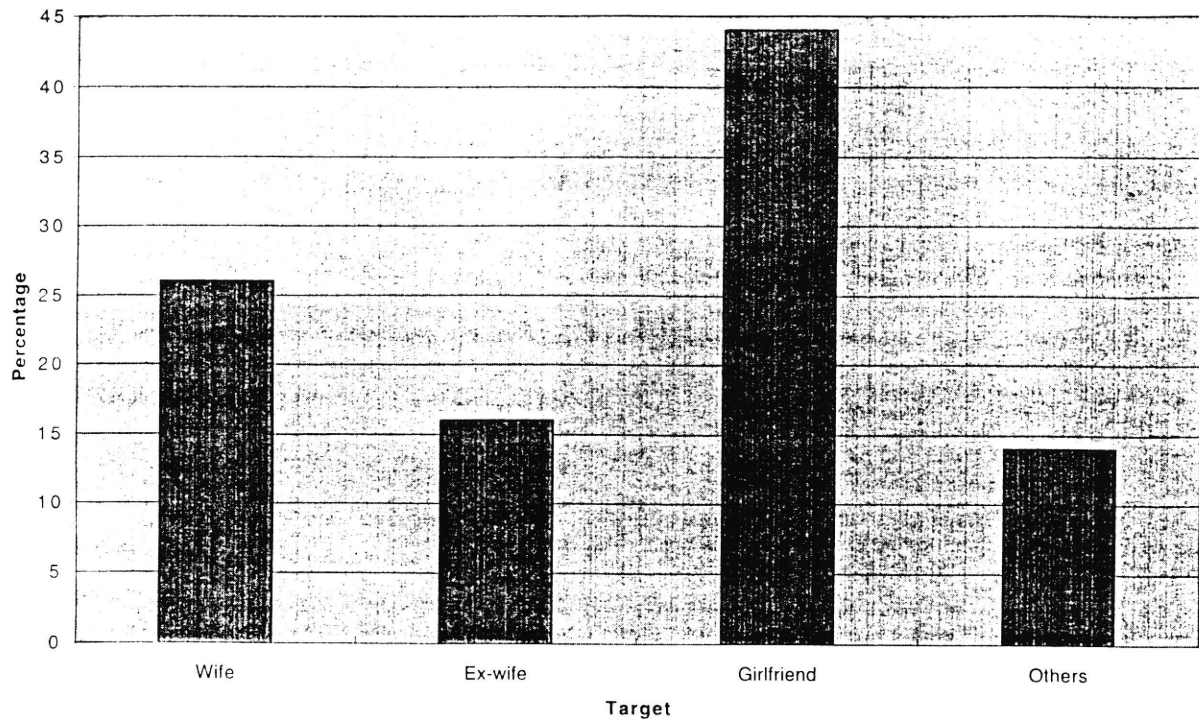
As seen in chart A, the entire study population (n=100) consisted of 70% Caucasian, 23% African American, 4% American Indian, 2% Asian, and 1% Hispanic participants.

Chart A: Race of total sample  
n=100



Of the total population, 20 were married at the time they participated in the domestic abuse treatment program. Forty-eight were single, 22 were divorced, and 10 were separated. Twenty six percent (n=26) of the population had victimized their wife, 16% (n=16) had targeted their ex-wife, 44% (n=44) of the men in the study victimized their girlfriend. Fourteen percent (n=14) of the population had identified victims other than the three previously mentioned categories. Five men targeted their son, 3 men targeted their sister, 2 men targeted their daughter, and 4 men were aggressive toward a person in uniform. Graph B presents these findings.

Graph B: Target of violence for total sample  
n=100



Of the total population, twenty of the men had previously attended a domestic abuse treatment program, leaving 80 men who were first time participants.

Fifty-eight percent (n=58) of the total population was employed full time. Thirteen percent (n=13) were employed on a part-time basis (at least 20 hours per week), and 29% (n=29) were unemployed.

#### Non-completers

The men who did not successfully complete the domestic

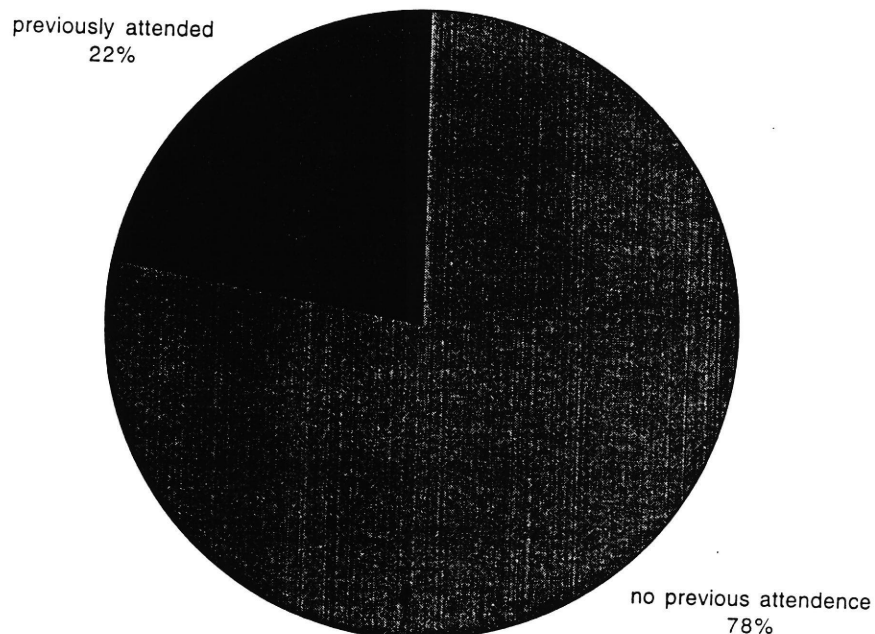
abuse treatment program consisted 62% Caucasian (n=31), or 32% African American (n=16), and 6% American Indian (n=3).

Of the non-completers (n=50), 12% were married, 48% were single, 32% were divorced, and 8% were separated.

Eighteen percent (n=9) of the population had victimized their wife, 22% (n=11) had targeted their ex-wife, 48% (n=24) of the men in the non-completers group victimized their girlfriend. Twelve percent (n=6) of this population identified victims other than the three previously mentioned categories.

Eleven of the non-completers population had previously attended a treatment program for domestic abuse as shown on Chart C.

Chart C: Previous attendance of non-completers  
n=50



At the time of enrollment, 52% (n= 26) of the non-completers were employed full time. Sixteen percent (n=8) were employed on a part-time basis and 32% (n=16) were unemployed.

### Completers

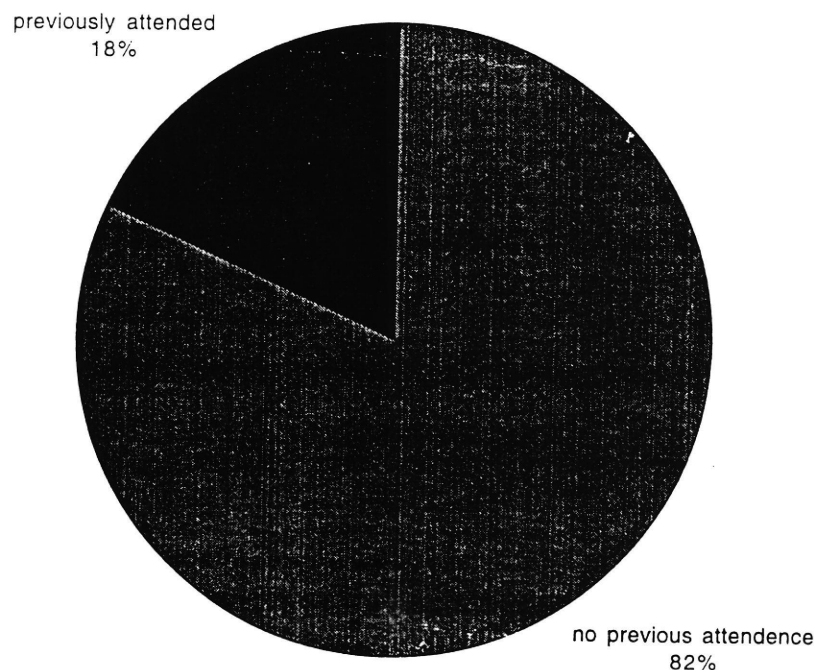
The men who successfully completed the domestic abuse treatment program consisted of 78% Caucasian (n=39), 14% (n=7) African American, 2% (n=1) American Indian, 4% (n=2) Asian, and 2% (n=1) Hispanic.

Of the completers, 28% (n=14) were married, 48% (n=24) were single, 12% (n=6) were divorced, and 12% (n=6) were separated.

Thirty-four percent (n=17) of the population had victimized their wife, 10% (n=5) had targeted their ex-wife, 40% (n=20) of the men in the completers group victimized their girlfriend. Sixteen percent (n=8) of this population identified victims other than the three previously mentioned categories.

Nine of the completers population had previously attended a treatment program for domestic abuse as presented in chart D.

Chart D: Previous attendance of completers  
n=50



At the time of enrollment, 64% (n=32) of the completers were employed full time. Ten percent (n=5) were employed on a part-time basis and 26% (n=13) were unemployed.

There is not a significant difference in the average age of study participants. The mean age in the non-completers group was 33.4 years. The mean age in the completers group was 34.76 years.

In calculating the chi-square statistics, the cutoff point for rejection of the null hypothesis is the customary .05. This is the point where we would conclude that chance would produce that large a difference between the observed and the expected frequencies less than five times out of 100 (Weinbach & Grinnell, 1995).

The descriptive variable found to differentiate between completers and non-completers was marital status ( $\chi^2=.8.14$ ,  $df=3$ ,  $p<.05$ ). The null hypothesis stating there is no relationship between completers and non-completers based on marital status is rejected. Men who were married were more likely to complete the program. Men who were divorced were more likely not to complete the program. Table E displays observed frequencies for marital status between completers and non-completers. This is the only variable that was significant.

Table E: Observed frequencies: marital status and client outcome  
n=100

Marital status			
	Non-completers	Completers	Totals
Married	6	14	20
Single	24	24	48
Divorced	16	6	22
Separated	4	6	10
Totals	50	50	100

Having previously attended a domestic violence treatment program, race, employment status, or target of violence did not significantly differentiate between completers and non-completers.

In analyzing the data, marital status was the only variable that was statistically significant. The other



variables measured in this study are not significantly differentiated between completers and dropouts of the domestic abuse treatment program.

## Chapter Five

### Discussion of the Study

This chapter discusses research results. Findings are compared to previous studies and possible explanations for the results are explored. Also identified in this section are the limitations of this study.

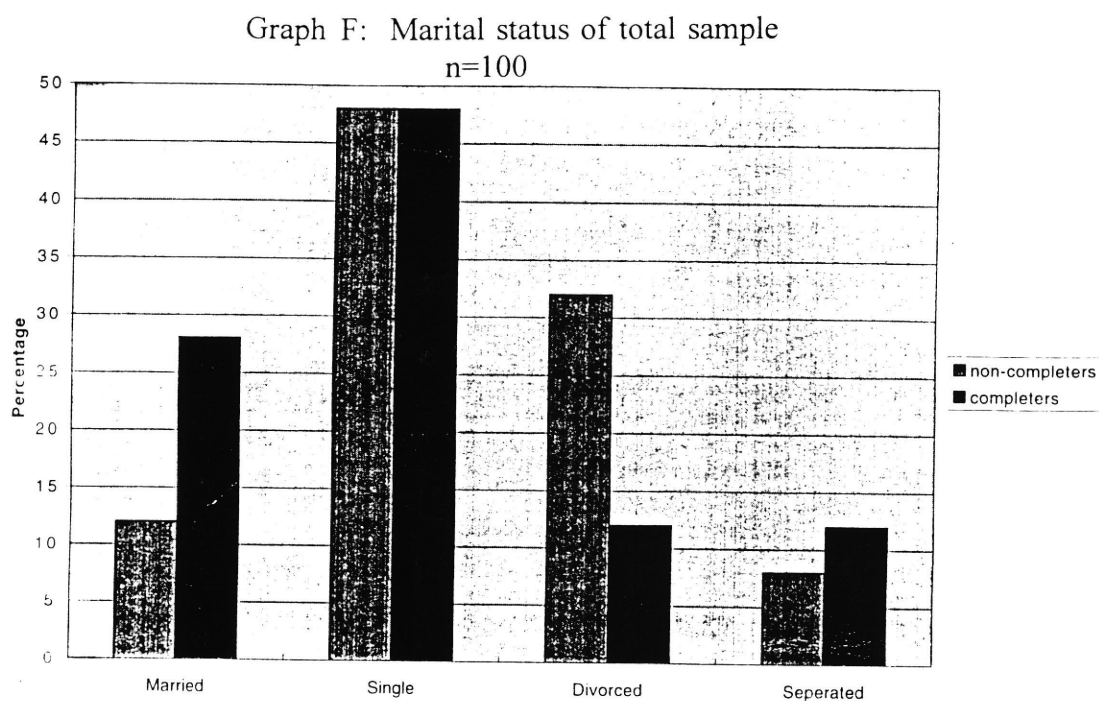
Research on characteristics of men who have battered their partners has been unable to reveal a unitary "batterer profile" in terms of personality, psychopathology, or demographics (Hamberger and Hastings, 1991). This study falls in the norm since only one characteristic was found to be a predictor of program completion or non-completion.

In some previous studies dropouts have been shown to be younger, lower in socioeconomic status, lower in education and more often white than black, compared to those who complete therapy (Baekeland & Lundwall, 1983; Hahn & King, 1982; Heinemann, Moore, & Gurel, 1976; Leigh, Lueger, & Cadman, 1982; DeMaris, 1989; Saunders & Parker, 1989; Tolman & Bennett, 1990; Edleson & Syers, 1991; Owen & Kohut, 1981; Steer, Sultan & Johnson, 1985; Vandereycken & Pierloot, 1983; Carillo, 1985).

There was no statistical significance in the difference of age between the two groups reported in this study. Although Caucasian males are reported to be most likely to be a treatment completer in this study, Caucasians made up

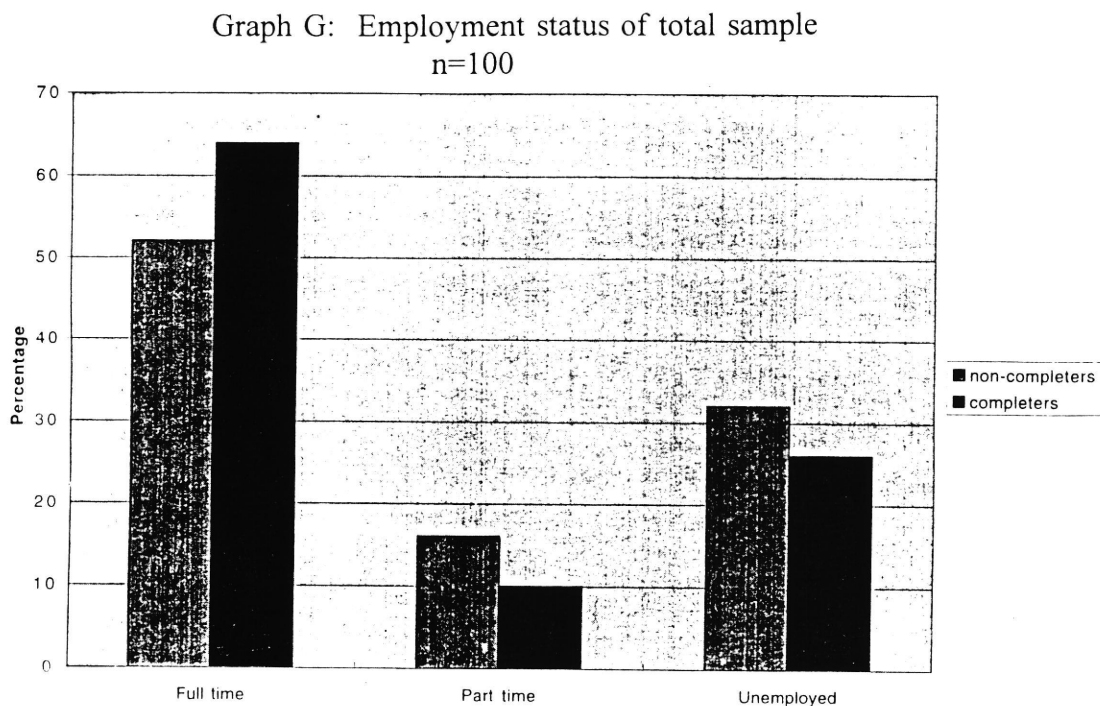
70% of the total population. This study did not obtain an equal representation of all races.

As noted in the literature review, Makepeace (1981), and Straus and Gelles (1986) note that violence against women both inside and outside of marriage continues to be a major social problem in the United States. As shown in Graph F, within this study, the largest population that was represented were single men.



Social stability, particularly in the occupational sphere, has been shown to be an important correlate of remaining in treatment (Hahn and King, 1982; Carillo, 1985). Literature suggests treatment dropouts to be more likely to be unemployed than those remaining in treatment (Hahn & King, 1982; Carillo, 1985; DeMaris, 1989; Peterson, 1980;

Straus & Gelles, 1986 & UCR, 1982). In this study, over half (58) were employed on a full time basis. There was no significant difference between the two groups employment status. In the completers group, 32 were employed full time, 5 were employed on a part-time basis, and 13 were unemployed at the point of intake. As seen in Graph G, in the non-completers group 26 were employed on a full time basis, 8 were employed on a part-time basis, and 16 were unemployed.



### Limitations of Study

First of all, the magnitude of this study was limiting. With added time and resources, a better representation of completers and non-completers could have been obtained to ensure greater validity of the study. Of the 1,353 men served by East Side Neighborhood Services, Inc. in 1995, the sample may not have been representative of the total population since the sample study was equally divided into two groups, whereas program treatment completers made up the majority of the 1,353 served in 1995.

Generalization of this study is limited due to the sample being taken from a single agency. Clients who were referred to or chose to attend domestic violence treatment at East Side Neighborhood Services, Inc. do not represent the population of domestic violence perpetrators in any other area.

History may be considered a threat to the internal validity of this study. The demographic information used in this study was gathered at the point of intake. Many extraneous variables could have aided in the thought process of clients in determining whether to complete or drop out of treatment. Maturation or the passage of time may have also influenced the outcome of this study. Maturation from the time of entering the program to the point of termination may be different for all clients. Maturation in some clients

may have influenced their decision to remain in treatment.

As with all studies, random errors may have influenced the outcome. The biggest chance in random error in this study lies with the responses documented on the demographic form. It would be impossible to control for the misinformation that is represented. For example, although the options of 'divorced', 'separated', or 'widowed' were given under the category of marital status, some of the clients may have chose to label themselves 'single'.

The reasons for attrition were not measured directly and thus can only be implied, since the research took place at only one agency, it was impossible to uncover organizational features, such as fee structures and the racial composition of the staff, that may affect attrition.

Racial composition of the study sample can be considered a limitation in applying the Strain Theory to those who did not complete treatment. Evenly distributed numbers of all ethnic backgrounds would have enabled the ability to determine if those of a minority status reflected an over representation in the unemployment variable thus suggesting strain.

In applying Strain Theory to employment status, it would have beneficial to measure educational level also. The aspect to consider would be the correlation between educational level and employment. Strain Theory suggests that more highly educated individuals may have more stable

employment and consequently remain in proximity to the treatment program. Having to relocate and possibly find transportation alternatives subjects the client to further strain.

## Chapter Six

### Implications for Future Research and Conclusions

This final chapter will discuss the implications of this study and make reference to those areas where future research is needed.

First of all, continued research of client characteristics associated with treatment attrition is needed. More research needs to be done tracking these and other variables early in the intake process, to continue to build a set of risk markers. Assessment techniques might use the differences between the completers and non-completers to provide additional services to men who are unlikely to complete the program. For those men who are identified as potential dropouts, the treatment program may need to be modified to meet their needs.

It is also necessary to further assess how these risk markers/variables influence the batterers during treatment and what additional services are necessary to help them successfully complete treatment. Furthermore, the reason men drop out of therapy may also be an important factor. If men drop out because they have reached their goals and believe that they no longer need therapy, further treatment may, in fact, be unnecessary or ineffective. However, if they drop out because of anxiety over issues, denial of



problems, loss of external motivation, or financial reasons, there may be a definite need for support encouragement, or community confrontation (e.g., the court system) to continue treatment.

One might consider external motivation a factor when assessing those who choose to drop out of treatment. A subjective study may include asking men at intake what they think will be the response of the criminal justice system to their failure to complete the program. Similarly, they can be queried as to what they anticipate their partner's response to be under the same circumstances. Alternatively, more objective measurement of these variables might consist of tracking batterers through the criminal justice system and examining the conditions under which they were sent to counseling-whether through civil or criminal proceedings, whether in lieu of a jail sentence, and so forth - and the sanctions applied to those who missed sessions or stopped attending altogether. The latter involves examining whether such men are successfully contacted and brought back to court and, if so, recording the action taken by the court in each case.

Similarly, the batterer's partners could be interviewed prior to initiation of treatment, and asked what their response will be if their partner fails to complete treatment. The partners might then be re-interviewed at termination of treatment and queried regarding any responses

they actually made to either his missing sessions or dropping out of treatment altogether. Some delicacy is required in the implementation of this latter procedure since the batterer may have discontinued treatment without the partners knowledge. It should also be determined whether such a procedure is ethically permissible.

It would be of interest to examine the extent to which batterers incur, from their perspective at least, significant "costs" in therapy which outweigh any perceived gains. Such costs could be material ones, such as time and money lost from employment, or the cost of transportation. On the other hand, the more substantial costs may be of an intrapsychic nature, such as being continually labeled a "batterer" and having to disclose oneself repeatedly to a peer group. It seems likely that those for whom costs outweigh gains, and for whom there exist few external constraints to remain in therapy would be most likely to be non-completers.

Other factors, as well, could be influential in attrition. The degree to which batterers accept full responsibility for their violent actions may be related to staying in therapy. Those who accept such responsibility would be expected to be more likely to remain in treatment, compared to those who think that some, or perhaps even all, of the fault lies with the partner. Additionally, the extent to which the batterer feels that therapy is necessary

to recovery may be an important factor. Even those who accept responsibility for the violence may still feel that they can handle it themselves, and that they do not need counseling to control their abusive behavior. Hence, attrition may be greater among those who do not consider counseling important to recovery.

Rooney (1992) presents an array of strategies that reduce reactance in working with involuntary clients. These same strategies could be modified and applied to the domestic abuse setting. Some of the strategies might include clarification of freedoms not threatened or lost as a result of a court order, behavior specific contracting, increase choices in the treatment process, and emphasizing competency based programming.

Although this study represents an important point in this area of research, more work needs to be done to enhance predictability of treatment dropout. Ability to predict treatment dropout is important in terms of developing guidelines that will improve the treatment for men who batter and victim safety issues.

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# EAST SIDE NEIGHBORHOOD SERVICE, INC.

1929 Second Street Northeast  
Minneapolis, Minnesota 55418-4394

64

Phone 612-781-6011

Fax 612-781-9257

Northeast Neighborhood House  
Northeast Child Development Center  
Memio Park Alternative School  
1929 Second Street NE, 55418  
Phone: 781-6011

NEST - Way To Grow  
NE Neighborhood Early Learning Center  
342 - 13th Avenue NE, 55413  
Phone: 362-4141

The Seniors' Place/Outreach  
1801 Central Avenue NE, 55418  
Phone: 788-9186  
The Senior Food Shelf  
Phone: 788-9521

Friendship Center Adult Day Care  
2013 Central Avenue NE, 55418  
Phone: 781-2052

Northeast Park Center  
1615 Pierce Street NE, 55413  
Phone: 781-2242

Beltrami Park Center  
1111 Summer Street NE, 55413  
Phone: 331-1722

Students With Children, Inc.  
519 Oak Grove Street, 55403  
Phone: 872-9871

Luxton Community Center  
112 Williams Avenue SE, 55414  
Phone: 331-8676

Pratt Community Education Center  
66 Malcolm Avenue SE, 55414  
Phone: 627-2279

Camp Bovey  
Gordon, Wisconsin  
Phone: 781-6011

January 25, 1996

To Whom It May Concern:

This letter will verify that Ms. Jill Yoeger is appropriately and ethically gathering data from client records at this agency.

As the custodian of the records for the Family Violence Program's Assaultive Behavior Group for batterers at East Side Neighborhood Service, Inc., I can attest that client records will remain secure for confidentiality and anonymity while she is gathering such data for the research project.

BOARD OF DIRECTORS Sincerely,

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Executive Director

  
Zana Gunderson, LSW

Family Violence Program Coordinator



A United Way  
Agency



A Member of  
United Neighborhood Centers  
of America

Appendix A

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 Street City State Zip Code

TELEPHONE \_\_\_\_\_  
 Home Work  
 Can you be contacted at work? Yes No

In Case of Emergency Call \_\_\_\_\_

RACE: Asian African American Hispanic White American Indian Other

Are you taking any medication? Yes No If Yes,  
 Medication \_\_\_\_\_ Physician's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_

REFERRAL SOURCE/PROBATION OFFICER \_\_\_\_\_

LOCATION \_\_\_\_\_ OFFENSE \_\_\_\_\_

CHARGED IN COUNTY: Anoka Hennepin Ramsey Other \_\_\_\_\_

Who was your victim? \_\_\_\_\_

Are you on house arrest? Yes No Next court date \_\_\_\_\_

Is there an Order for Protection currently in effect? Yes No

If yes, the date it was put into effect \_\_\_\_\_

Do you experience a reading or learning disability? Yes No

Have you been through chemical dependency treatment? Yes No

When and Where? \_\_\_\_\_

Are you currently attending Aftercare? Yes No

When and Where? \_\_\_\_\_

Have you had a mental health assessment? Yes No

If Yes, what was the result? \_\_\_\_\_

Have you attended a domestic violence group before? Yes No

When and Where? \_\_\_\_\_

EMPLOYMENT: Full time, 35 hrs/wk or more \_\_\_\_\_ Other \_\_\_\_\_  
 Part time, less than 35 hrs/wk \_\_\_\_\_

PLACE OF EMPLOYMENT/OCCUPATION \_\_\_\_\_

OTHER SOURCES OF INCOME: AFDC SSI Disability GA

INCOME: Under \$10,000 \_\_\_ Over \$10,000 \_\_\_ How many persons are living in your household? \_\_\_

MILITARY SERVICE: Yes No If Yes, Combat Non-combat

MARITAL STATUS: Married Single Divorced Separated Widowed

PARTNER'S NAME \_\_\_\_\_ My partner & I are currently living together

PARTNER'S ADDRESS/HOME PHONE \_\_\_\_\_ Yes No

Is your partner attending a women's support group? Yes No

Is your partner currently working with a counselor? Yes No

If yes, name of counselor and agency \_\_\_\_\_

How long have you had a relationship with your partner/former partner? \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_



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66 Malcolm Avenue SE, 55414  
Phone: 627-2279

Camp Bovey  
Gordon, Wisconsin  
Phone: 781-6011

January 25, 1996

To Whom It May Concern:

This letter will verify that Ms. Jill Yoeger has the support of the Family Violence staff at East Side Neighborhood Service, Inc. to carry out a research project based on data collected by program staff regarding domestic abuse information. Ms. Yoeger will have access to the data while completing her MSW internship at this agency.

Sincerely,

BOARD OF DIRECTORS Zana Gunderson, LSW

Family Violence Program Coordinator

John D. Thompson  
President

Vicki R. Grant  
First Vice President

William J. Calguire  
Second Vice President

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DATE: 2/8/96

TO: Jill A. Yoerger  
3025 Eagandale Place # 221  
Eagan Mn 55121

FROM: Rita Weisbrod, Ph.D.  
Chair  
Institutional Review Board

RE: Your IRB Application: Attrition in the Mandated treatment of Men who Batter: A Look at Demographic Influence

Your application falls under the categories for exemption because your study uses existing data records which have been stripped of identifiers. Hence, I have reviewed it personally for exemption and approve it with no conditions.

Your IRB approval number is

# 95 - 41 - 1.

If there are substantive changes to your project which change your procedures regarding the use of human subjects, you should report them to me by phone (330-1227) or in writing so that they may be reviewed for possible increased risk.

I wish you well in this project!

Copy: Sharon Patten, Thesis Adviser

Appendix D

Augsburg College  
George Sverdrup Library  
Minneapolis, MN 55454